



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DEACONESS MIDTOWN HOSPITAL

City of Hospital: Evansville

Year Begin: 10/01/2020 (mm/dd/yyyy format)

Year End: 09/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Danielle Metzger-Cundiff

Email Address: danielle.metzger-cundiff@deaconess.com

Medicare Provider Number: 15-0082

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1481483265
Outpatient Patient Service Revenue	\$1933092636
Total Gross Patient Service Revenue	\$3414575901

2. Deductions From Revenue

Contractual Allowance	\$2223563838
Other Deductions	\$55642883
Total Deductions	\$2279206721

3. Total Operating Revenue

Net Patient Service Revenue	\$1135374675
Other Operating Revenue	\$82893829
Total Operating Revenue	\$1218268504

4. Operating Expenses

Salaries and Wages	\$341138319	Employee Benefits	\$100592069
Depreciation and Amortization	\$55652319	Interest Expense	\$11279950
Bad Debt	\$9339879	Other Expenses	\$530672059
Total Operating Expenses	\$1048674595		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$393040835	Total Assets	\$2234157980
Net Non-operating Gains over Loss	\$2798371	Total Liabilities	\$621088286

Total Net Gains	\$395839206
-----------------	-------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1645642964	\$1234883552	\$410759412
Medicaid	\$536289446	\$387112620	\$149176826
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1232643490	\$601567666	\$631075824
Total	\$3414575900	\$2223563838	\$1191012062

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$44526	\$2400368	\$-2355842

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$3702054	\$11090441	\$-7388387
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$101227	\$-101227

Number of Medical Professionals Trained	22872
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	850

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$12932075	
HCI Payments	\$0		
Subtotal	\$0	\$12932075	\$-12932075
Medicaid Shortfalls	\$149176823	\$189518187	
Subtotal	\$149176823	\$202450262	\$-53273439
DSH Payments	\$8,181,355		
Subtotal	\$157358178	\$202450262	\$-45092084
Medicare Shortfalls	\$410759412	\$505405069	
Other Government Programs	\$0	\$0	
Total	\$568117590	\$707855331	\$-139737741

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$960729	\$-960729
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$4943	\$272381	\$-267438

Comments

//